Attorney Docket No. **RCA** 89,912 First Inventor or Application Identifier Winter Title Replay appliance for recording...

TRANSMITTAL (Only for new nonprovisional applications under 37 C.F.R. § 1.53(b), Express Mail Label No. EL533625453US

EL5336254530S									
See MPEP o	APPLICATION ELEMENTS chapter 600 concerning utility patent applic			ADDRESS	10:	Box Patent	ommissioner (Application	or Patents	
1. X (3 2. X S (4	Fee Transmittal Form (e.g., PTO/S Submit an original and a duplicate for fee proceeding for the process of the	B/17) processing) Pages 10] ations IR & D filed) ages 1] py) af 6 completed) R(S) ched deleting prior application.	7. 8. 9. 10. 11. 12. d)))	Microf Nucleotide a (if applicable a. b. c. ACCOI Assign 37 C.F (when English X Statem X Prelimi X Return (Shoul Statem (PTO/S,	iche Co and/or A a, all nea compi Paper Statem MPAN ment P i.R.§3.7 there is ation Di nent (ID neary Ar Receip d be sp I Entity sent(s) B/09-12 d Copy	Box Patent Washington mputer Pro mino Acid cessary) uter Reada Copy (ider nent verifyi apers (cov 3(b) State an assign ation Doct sclosure S)/PTO-14 nendment t Postcard scifically it	Application DC 20231 Degram (Apper Sequence Suble Copy Intical to comp Ing identity of PLICATION Per sheet & do Interest in application (MPEP 503) Intical to comp Ing identity of Intical to comp Intical t	uter copy) above cop PARTS cument(s) ower of ttomey icable) opies of IE itations	09/469865 FTO
See 37 C.F.R. §§ 1.63(d)(2) and 1.33(b). 15. Other: Other: Other: Other: Other:									
16. If a CONTINUING APPLICATION, check appropriate box, and supply the requisite information below and in a preliminary amendment: Continuation Divisional Continuation-in-part (CIP) of prior application No: Group / Art Unit: For CONTINUATION or DIVISIONAL APPS only: The entire disclosure of the prior application, from which an oath or declaration is supplied under Box 4b, is considered a part of the disclosure of the accompanying continuation or divisional application and is hereby incorporated by reference. The incorporation can only be relied upon when a portion has been inadvertently omitted from the submitted application parts.									
	17. C	ORRESPONDE	NCE	ADDRESS			тем пределения	ication pai	-
Customer Number or Bar Code Label (Insert Customer No. or Attach bar code label here)									
Name	Joseph S. Tripoli THOMSON multimedia Licensing Inc.								
Address	P.O. Box 5312								
City	Princeton	State	N	J	,	Ip Code	08543-	5212	
Country	U.S.A			734-94			609-734		
Name (Print/Type) Paul P. Kiel Registration No. (Attorney/Agent) 40,677									

Signature Date Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL for FY 1999

Patent fees are subject to annual revision. Small Entity payments must be supported by a small entity statement, otherwise large entity fees must be paid. See Forms PTO/SB/09-12.

TOTAL AMOUNT OF PAYMENT

(\$)	760	.00

Complete if Known							
Application Number	n/a						
Filing Date	Herewith						
First Named Inventor	Winter						
Examiner Name	n/a						
Group / Art Unit	n/a						
Attorney Docket No.	RCA 89,912						

METHOD OF PAYMENT (check one)	FEE CALCULATION (continued)							
The Commissioner is hereby authorized to charge indicated fees and credit any over payments to: Deposit	3. ADDITIONAL FEES Large Entity Small Entity Fee Fee Fee Fee Code (\$) Code (\$) Fee Description Fee Paid							
Account Number 07-0832	105		205	65	Surcharge - late i	filing fee or oath		
Deposit Account Name Thomson multimedia	127	50	227	25	_	provisional filing fee o	or	
Charge Any Additional Licensing Inc.	139	130	139	130	Non-English spec	ification		
Fee Required Under 37 CFR 1.16 and 1.17	147	2,520	147	2,520	For filing a reque	st for reexamination		
2. Payment Enclosed:	112	920*	112	920*	Requesting public Examiner action	cation of SIR prior to		
Check Money Other	113	1,840	113	1,840	 Requesting public Examiner action 	cation of SIR after		
FEE CALCULATION	115	110	215	55		ly within first month		
1. BASIC FILING FEE	116	380	216	190	•	ly within second mon	th	
Large Entity Small Entity	117	870	217	435	Extension for rep	ly within third month		
Fee Fee Fee Fee Description Code (\$) Code (\$) Fee Paid	118	1,360	218	680	Extension for repl	y within fourth month	1	
101 760 201 380 Utility filing fee 760	128	1,850	228	925	Extension for repl	y within fifth month		
106 310 206 155 Design filing fee	119	300	219	150	Notice of Appeal			
107 480 207 240 Plant filing fee	120	300	220	150	_	pport of an appeal		
108 760 208 380 Reissue filing fee	121	260	221	130	Request for oral h	•		
114 150 214 75 Provisional filing fee	138	1,510	138	1,510		e a public use procee	ding	
CUPTOTAL (4) (4) 7.50	140	110	240	55	Petition to revive	- unavoidable	<u> </u>	
SUBTOTAL (1) (\$) 760	141	1,210	241	605	Petition to revive	- unintentional		
2. EXTRA CLAIM FEES	142	1,210	242	605	Utility issue fee (o	r reissue)		
Extra Claims below Fee Paid	143	430	243	215	Design issue fee			
Total Claims 11 -20** = 0 X 0 = 0	144	580	244	290	Plant issue fee			
Claims	122	130	122	130	Petitions to the Co	ommissioner		
Multiple Dependent	123	50	123	50	Petitions related t	o provisional applicat	ions	
**or number previously paid, if greater; For Reissues, see below Large Entity Small Entity	126	240	126	240	Submission of Infe	ormation Disclosure S	Stmt	
Fee Fee Fee Fee Description Code (\$) Code (\$)	581	40	581	40	Recording each p	atent assignment per imber of properties)	,	
103 18 203 9 Claims in excess of 20	146	760	246	380	Filing a submissio	n after final rejection		
102 78 202 39 Independent claims in excess of 3	149	760	249	380	(37 CFR 1.129(a)	•		
104 260 204 130 Multiple dependent claim, if not paid	143	700	245	300	For each additional examined (37 CFI			
109 78 209 39 ** Reissue independent claims over original patent	Other fee (specify)							
110 18 210 9 ** Reissue claims in excess of 20 and over original patent	Other fee (specify)							
SUBTOTAL (2) (\$) 0.00 Reduced by Basic Filing Fee Paid SUBTOTAL (3) (\$)								
SUBMITTED BY Complete (if applicable)								
Typed or						40,677		
Signature Rul				Date	12/22/99	Deposit Account		

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